

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Madlom for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jeff Madlom

Political Party (if applicable)

Republican

Office Sought

Delaware Co. Supervisor #1

District (if Senate or House)

| | |
|--|------------------------------------|
| FORM DR-2 (Rev. 07/2007) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | _____ |
| Logged In | _____ |
| Scanned | _____ |
| Computer | _____ |
| Audited | _____ |

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Cheryl Madlom
SIGNATURE OF PERSON FILING REPORT

563-927-5294
TELEPHONE

10-19-08
DATE SIGNED

I AM FILING A October 19, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

November 4, 2008

County & Local Committee, enter County in
which Election is held
Delaware

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 360.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1000.00

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

1360.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1204.77

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 155.23

**UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

189.15

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1500.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|--|-----------------------|
| SCHEDULE A (Rev. 07/03) | MONEY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

Madlom for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND-RAISER INCOME |
|--------------------------|--|---|--|-----------------|-----------------------------|
| 08-21-08 | ID# CK# | Delaware Co. Rep. Comm. Manchester, IA 52057 | | \$ 500.00 | <input type="checkbox"/> |
| 9-28-08 | ID# CK# | William Lux 101 Rays Court Manchester, IA 52057 | | 100.00 | <input type="checkbox"/> |
| 10-7-08 | ID# CK# | Jeff Madlom 713 East Howard Street Manchester, IA 52057 | Same | 400.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$1000.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

Madlom for Supervisor

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 8-6-08 | ID# CK# | Nip & Tuck 115 Millam Hgts. Manchester, IA 52057 | Caps w/lettering | \$ 69.55 |
| 8-25-08 | ID# CK# | Delaware County Aud. Manchester, IA 52057 | Absentee Lists | 25.00 |
| 9-4-08 | ID# CK# | Victory Store 5200 SW 30th Street Davenport, IA 52802 | Pencils | 229.87 |
| 9-16-08 | ID# CK# | IA Secy. of State Des Moines, IA 50319 | Voter List | 24.50 |
| 10-6-08 | ID# CK# | Recker Signs 908 East Main Street Manchester, IA 52057 | Political Signs | 379.85 |
| 10-7-08 | ID# CK# | KMCH Radio Manchester, IA 52057 | Political Ads | 476.00 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (If last page of this schedule) | | | | \$ 1204.77 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Madlom for Supervisor

Reset Form

| | |
|---|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|---|---|---|---|-----------------------------------|---|
| 9-22-08 | Cheryl Madlom 713 East Howard Street Manchester, IA 52057 | Spouse | Stamps | \$ 124.00 | <input type="checkbox"/> |
| 9-23-08 | Cheryl Madlom 713 East Howard Street Manchester, IA 52057 | Spouse | Paper, etc for hand- outs | 50.00 | <input type="checkbox"/> |
| 10/14/ 08 | Jeff Madlom 713 East Howard Street Manchester, IA 52057 | Self | Mileage 30 miles @ 50.5¢ | 15.15 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ | |
| TOTAL (If last page of this schedule) | | | | \$ 189.15 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Madlom for Supervisor

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1500.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CANDIDATE (if Applicable) | AMOUNT OF LOAN |
|-----------------------------|--|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CANDIDATE* (if Applicable) | AMOUNT REPAYED |
|-------------------------|--|---|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ -0-

From Schedule E - TOTAL LOANS FORGIVEN \$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1500.00

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(for Schedule F)